



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747
Web site: www.arkansas.gov/insurance
E-mail: rick.toland@arkansas.gov

APPLICATION FOR A PREPAID FUNERAL BENEFITS LICENSE

Date of Application _____ Federal I.D. No. _____

1. Establishment Legal Name (Applicant): _____

2. Mailing Address: _____

3. Location Address (Physical Location): _____

4. Business Telephone: () _____

5. Name of Manager: _____

6. Name, address and telephone number of person completing this form to whom information or correspondence regarding this application should be directed:

_____ Telephone () _____

7. Applicant is: () Individual Proprietor () General Partnership
 () Corporation () Limited Partnership
 () Other (Explain in Detail) _____

8. The names and titles of all persons who are designated **Agents** for the applicant; individuals responsible for collecting and depositing contract proceeds to the trust fund: _____

9. Has the applicant or any of its agents or employees been convicted of a felony within the last ten (10) years? Yes () No ()

If the answer is yes, please give the name of the person, type and nature of each felony, with additional relevant information, such as the date and place of each conviction: _____

10. The name and location address of each funeral establishment or cemetery owned by the applicant, including any branch, in this State: _____

11. If the applicant is a partnership (General or Limited) or a corporation, please list the names, titles, addresses and telephone numbers of all partners, officers, directors, trustees, etc.

12. The names and titles of all persons authorized to execute and file cancellation and refund forms on the prepaid benefits contract proceeds:

13. The name of the person(s) responsible for the applicant's books and records and the physical location of the applicant's books and records: _____

14. Please attach the following, as required by Arkansas Code Annotated 23-40-110(b):
- a. Application Fee of \$300.00
 - b. An executed Form AID FI F3 (Agreement to Hold, Invest and Administer Prepaid Funeral Benefits) or an approved written trust agreement from the trustee with which the trust fund will be established and maintained.
 - c. An executed Form AID FI F4 (Certification of Net Worth by Applicant for Initial or Renewed Permit).
 - d. An executed Form AID FI F5 (Applicant's Affidavit of No Existing Prepaid Contracts), if applicable.
 - e. A copy of the applicant's Articles of Incorporation, Bylaws or Partnership Agreement.

AFFIDAVIT

County _____
State _____

I, _____ the undersigned, being the
(Name)

(Title)

of the _____
(Corporation/Proprietorship)

swear, (or affirm), that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements and documents (if any), are true and complete.

By: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public

Commission Expiration Date